Department of the Treasury - Internal Revenue Service				
U.S. Individual I	(99)	MAA DVM	,`	
		2018 EXTENS	ON GRANT	ED TO 10/15/19
and initial			I IND USE (	Only - Do not write or staple in this space.
	ast name	T Qualifying Widov	v(er)	
	RITZKER			Your social security number
If joint return, spouse's first name and initial		vere born before January 2, 19	054	
THE RATHRYN	- CITALING	zandary Z, 13	1 You a	re blind
Someone can claim your an	RITZKER			Spouse's social security number
Spouse is blind Spouse itemizes on a separate return Home address (number and street). If you have a P.O. hox see incl	a dependent U	Spouse was born before Janu	Jary 2, 1954	12
Home address (number and street). If you have a P.O. box, see inst	Tod word duding	status alien	, , , , , , , ,	X Full-year health care coverage or exempt (see inst.)
THE TITLE ASS.	_		Apt. no.	
CITE CO. STATE, STATE, and ZIP code, If you have a foreign of	Address attach Cala	11.2		Presidential Election Campaign.
Dependent (as in 60606	attatil othe	dule 6.		If more than four dependents,
Dependents (see instructions): (1) First name	(2) Social security number	1 101		see inst. and √ here
THEODORA K PRITZKER	, , and secondly right	(3) Relationship to you	(4)	√ if qualifies for (english)
DONALD N PRITZKER		DAUGHTER	Child tax cr	edit Credit for other dependents
THE TAKER		SON	X	
			X	
Sign Under penalties of perjury, I declare that I have examined this recorrect, and complete. Declaration of preparer (other than taxpa Joint return?			+	
Here Your signature Your signature	eturn and accompanying tyer) is based on all infor	schedules and statements, and to t	he best of my knowled	los and build in
Ode instructions	Date	Your occupation	nowledge,	
Keep a copy for spouse's signature. If a joint return, both must sign.	Date			If the IRS sent you an Identity Protection PIN,
	Date	Spouse's occupation		enter it here  If the IRS sent you an Identity
Preparer's name Preparer's sign	nature	PTIN		Protection PIN, enter it here
Use Only	- buy		Firm's EIN	Check if:
				Griedk II.
Firm's name DELOTTE TAY III		The second second		X 3rd Party Designee
E-CLIE IAA III.D		Phone no		
180 EAST BROAD STREET  Firm's address COLUMBUS, OH 43215		(614	) 221-10	00
LHA For Disclosure, Privacy Act and D				
LHA For Disclosure, Privacy Act, and Paperwork Reduction	Act Notice, see s	separate instructions		
				Form 1040 (2018)

24 Total tax from Page 1, Line 23.		
Step 8: Payments and Refundable Credit	24 21	
25 Illinois Income Tax withheld. Attach Schedule IL-WIT.	24 21	.5,885 .0
Estimated payments from Forms IL-1040-ES and IL-505-I,	25	
including any overpayment applied from a prior year return.	.00	
27 Pass-through withholding Attached from a prior year return.	26634,850 .00	
Pass-through withholding. Attach Schedule K-1-P or K-1-T.	27	
Earned Income Credit from Sch. IL-E/EIC, Step 4, Line 8. Attact  Total payments and refundable credit. Add Lines 35 through the state of the state o	Sch. IL-E/FIC 28 .00	
29 Total payments and refundable credit. Add Lines 25 through 2 Step 9: Total	28.	
	2963	4,850 .00
and a greater than Line 24 subtract line 24		
- 10 greater trail Line 29 subtract Line 20 4	30418	B,965 .00
otep 10. Underpayment of Estimated Tay Dans II	31	.00.
for underpayment of estimated tax or to make a voluntary charitable don  32 Late-payment penalty for undergayment of estimated tax	omplete Step 10 for late-payment penalty	
cate payment penalty for underpayment of estimated toy	auon,	
officer if at least two-thirds of your federal grane in	32 19,144 .00	
Joo of your Spouse are no or older and		
Check if your income was not received evenly during the  Attach Form IL-2210.	toy living in a nursing home.	
Attach Form IL-2210.	year and you annualized your income on Form IL-2210.	
Check if you were not required to file on Illinois I. I. I.		
Voluntary charitable donations. Attach Schedule G.	ricome Tax return in the previous tax year.	
34 Total penalty and donations. Add Lines 32 and 33.	.00	
Step 11: Refund	34 10	,144 .00
35 If you have an amount on Line 30 and this amount is greater than I This is your overpayment.		00. 441,
This is your overpayment.	line 34, subtract Line 34 from Line 30.	
36 Amount from Line 35 you want refunded to your St	35 399	011
Amount from Line 35 you want refunded to you. Check one box of a choose to receive my refund by	on Line 37. See instructions. 36	,821 .00
		0 .00
a direct deposit - Complete the information below if you	ou check this box.	
Routing number Account number	Checking or Savings	
, rescart fidingly		
b Illinois Individual Income T		
<ul> <li>b Illinois Individual Income Tax refund debit card.</li> <li>c paper check,</li> </ul>		
38 Amount to be credited forward Subtract to		
38 Amount to be credited forward. Subtract Line 36 from Line 35. See Step 12: Amount You Owe	e instructions. 38 3.9.9	001
39 If you have an amount on Line 24	00 399,	821 .00
39 If you have an amount on Line 31, add Lines 31 and 34 or -		
If you have an amount on Line 30 and this amount is less than Line 3	34,	
subtract Line 30 from Line 34. This is the amount you owe. See ins  Step 13: If this is a joint return, both you and your spaces much in the state of the state o	tructions.	
order to a fount return, point volt and volt an array		.00
Under penalties of perjury, I state that I have examined this return an	d, to the best of my knowledge it in the	
Sign	and comple	te.
Here Your signature Date (mm (dd / mm.)		
Paid Date (mm/dd/yyyy) Spouse's s	grattice Date (mm/dd/s) 5	
	10/0/10 Daytime phone number	
lac Out. Paid preparer smarrie Paid prepar	er's signature	
PHIOTIP TAX 1.1.D	The self-employed I Paid Prepar	er's PTIN
Firm's address ▶ 180 EAST BROAD STREET	FIRM'S FEIN	
	Firm's phone ▶ 614 221 1	000
arty	614 221 1000 X Check if the Departmen	nt may
esignee Designee's name (please print)	discuss this return with the	hird
- If no novement	Designee's phone number party designee shown in this	sten
	If payment enclosed, mail to:	
If no payment enclosed, mail to:	" Payment enclosed, mail to:	
ILLINOIS DEPARTMENT OF REVENUE	ILLINOIS DEPARTMENT OF DEVICES	
ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62719-0001	ILLINOIS DEPARTMENT OF REVENUE	
ILLINOIS DEPARTMENT OF REVENUE	ILLINOIS DEPARTMENT OF REVENUE SPRINGFIELD IL 62726-0001	
ILLINOIS DEPARTMENT OF REVENUE	ILLINOIS DEPARTMENT OF REVENUE	
ILLINOIS DEPARTMENT OF REVENUE	ILLINOIS DEPARTMENT OF REVENUE	

DR\_\_\_\_\_ AP\_\_\_\_\_ RR DC IR ID

ID: 2BX

849002 01-17-19 IL-1040 page 2 (R-12/18)

#### Illinois Department of Revenue 2018 Form IL-1040

Individual Income Tax Return or for fiscal year ending

Over 80% of taxpayers file electronically. It is easy and you will get your refund faster. Visit tax.illinois.gov. Step 1: Personal Information





JAY ROBERT PRITZKER MARY KATHRYN PRITZKER 111 S WACKER DRIVE SUITE 4000 CHICAGO, IL 60606

		B Filing status: Single or head of household X Married filing is in the		
		C Check If someone can claim you or your any state of Married filing jointly Married	filing separate	
			Thing separate	
	Ste			Spouse
			art-year reside	nt - Attach Sch. NR
		. God audusted gross income from your fodered to		(Whole dollars only)
		and dividend income frame	1	6,027,480 .00
		Other additions. Attach Schedule M.	2	1 220
		Total income. Add Lines 1 through 3.		
	Ste	3: Base Income	3	
			4	6,182,176 .00
	a .			
,	L .	received in included in Line 1. Attach Dago 2 of feet.		
	<b>V</b>	Tax overpayment included in federal Form 4040 c.	.00	
	0		.00	
	ě	Check if Line 7 includes any amount from Schedule 1299-C.	871 .00	
	<u> </u>			
	5 5	Illinois base income, Subtract Line 8 from Line 4.	•	1 000
,	Sten	4: Exemptions	8	1,820,871 .00
Š	2 10		9	4,361,305.00
7	0	are exemption amount for vourself and vous angular		
2	Ē	Spouse 4-4-4	.00	
9	1	c Check if legally blind: You + Spouse # of checkboxes X \$1,000 = b	.00	
3		d If you are claiming dependents, enter the amount from Schedule IL-E/EIC, Step 2,	.00	
Stanle W. 2 and 4000	i	Line 1. Attach Schedule IL-E/EIC.		
ů,		Exemption allowance. Add Lines a through d.	.00	
	Step :	5: Net Income and Tax LIMITED		
4	11		10	0 .00
-		Residents: Net income. Subtract Line 10 from Line 9.		
	12	Nonresidents and part-year residents: Enter the Illinois net income from Sch. NR. Attach Sch. NR. Residents: Multiply Line 11 by 4.95% (.0495). Capput be less than		
			11	4,361,305.00
		- the tay from D. I		
	13	The strict of investment tax credits Attach School to 1055	12	215,885 .00
	14	Income tax. Add Lines 12 and 13. Cannot be less than zero.	13	
	Step 6	Tax After Nonrefundable Credits	14	.00 215,885 .00
>	15	Income tax paid to another attached in		<u>415,885 .00</u>
40	16	Income tax paid to another state while an Illinois resident. Attach Sch. CR. 15	00	
₽		Property tax and K-12 education expense credit amount from Schedule ICR.  Attach Schedule ICR.	.00	
=	17	Torroddic IOI1.		
ng Dug		Credit amount from Schedule 1299-C. Attach Schedule 1299-C.	.00	
2	18	rice ciries 10, 10, and 17. This is the total of your gradite.	.00	
e.			18	.00
2 (	Step 7:	Other Taxes	19	215 005
no	20	Household employment tax. See instructions.		213,885 .00
e y	21	Use tax on internet, mail and as a set of the set of th	20	
Staple your check and IL-1040-V		Use tax on internet, mail order, or other out-of-state purchases from UT Worksheet or UT Table on the instructions. Do not leave blank.	20	.00
St				
	22	Compassionate Use of Medical Cannabis Pilot Program Act Surcharge.	21	0 .00
		7 2 3 7 3 3 4 3 5 19, 20, 21, and 22.	22	.00
	page 1 (F	-12/18)	23	215,885 .00
ID: 2	3X 8490	This form is authorized as outlined under the Illinois Income Tax Act. Disclosure of this information is required, Failure to provide information could result in a penalty.		00.
		L		



#### SCHEDULE 5 (Form 1040)

Department of the Treasury Internal Revenue Service

## Other Payments and Refundable Credits

Attach to Form 1040.

Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Name(s) shown on Form 1040 JAY ROBERT & MARY KATHRYN PRITZKER Your social security number Other 65 **Payments** 66 2018 estimated tax payments and amount applied from 2017 return STMT 12 65 Reserved ..... and 66 3,428,805. Refundable b 67a Reserved 68-69 Credits 67b Net premium tax credit. Attach Form 8962 70 68-69 Amount paid with request for extension to file (see instructions) 71 70 Excess social security and tier 1 RRTA tax withheld 72 71 1,087,500. Credit for federal tax on fuels. Attach Form 4136

Credits from Form: a 2439 b Reserved c 8885 d 73 72 74 73 Add the amounts in the far right column. These are your total other payments 75 74 and refundable credits. Enter here and include on Form 1040, line 17 LHA For Paperwork Reduction Act Notice, see your tax return instructions. 4,516,305. 75

Schedule 5 (Form 1040) 2018

### SCHEDULE 4 (Form 1040)

Department of the Treasury Internal Revenue Service

Other Taxes

Attach to Form 1040.

OMB No. 1545-0074

internal Revenue		► Attach to Form 1040.  Go to www.irs.gov/Form1040 for instructions and the latest information.		2018
Name(s) show	vn on Form 1	040 and the latest information.		Attachment
Other Taxes	57 58 59 60 a b	MARY KATHRYN PRITZKER  Self-employment tax. Attach Schedule SE  Unreported social security and Medicare tax from: Form a 4137 b 8919  Additional tax on IRAs, other qualified retirement plans, and other tax-favored accounts. Attach Form 5329 if required  Household employment taxes, Attach Schedule II.	57 58 59	Sequence No. 04 social security number 15,268.
	61 62 63 64	Health care: individual responsibility (see instructions)  Taxes from: a Form 8959 b Form 8960  c Instructions; enter code(s)  Section 965 net tax liability installment from Form  965-A  Add the amounts in the far right column. These are your total other taxes. Enter	60b 61 62	204,474.
LHA For Pa	perwork R	here and on Form 1040, line 14	64	219,742.

### SCHEDULE 3 (Form 1040)

### Nonrefundable Credits

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information

JAY ROBERT	& MARY KATHRYN PRITZKER	Vour	Sequence No. 03
Nonrefundable 4	Foreign tax credit. Attach Form 1116 if required	3 1001 5	social security number
Credits 4	9 Credit for child and done of the sequired		
5	9 Credit for child and dependent care expenses. Attach Form 2441	48	53,382
5	The state will be seen as the seen seen as the seen seen seen seen seen seen seen se	49	
5			
5		51	
54	Form 5695	52	
	Other credits from Form a XI 3900 , W	53	
HA For Panaruset	Add the amounts in the far right	54	
A For Paperwo	rk Reduction Act Notice, see your tax return instructions.	55	53,382

Schedule 3 (Form 1040) 2018

#### SCHEDULE 2 (Form 1040)

Tax

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

Attach to Form 1040.

Name(s) show	Service	Attach to Form 1040.  Go to www.irs.gov/Form1040 for instructions and the latest information.		2018
JAY ROI		MARY KATHRYN PRITZKER Reserved	Yours	Attachment Sequence No. 02
	40	Alternative minimum tax. Attach Form 6251  Excess advance premium tax credit repayment. Attach Form 8962  Add the amounts in the far right column. Enter here and include on Form 1040,	38-44 45 46	0.
LHA For P	aperwork F	line 11	47	0.

Schedule 2 (Form 1040) 2018

#### SCHEDULE 1 (Form 1040)

Department of the Treasury Internal Revenue Service

Name(s) shown on Form 1040

# Additional Income and Adjustments to Income

Attach to Form 1040.

► Go to www.irs.gov/Form1040 for instructions and the latest information.

OMB No. 1545-0074

Additiona	1 4 6:	MARY KATHRYN PRITZKER	TUOY	social security numbe
, idditiona	מפ-יו ו	Heserved		
Income	10	Taxable refunds, credits, or offsets of state and local income taxes STATEMENT 1  Alimony received	1-9b	
	11 12	Alimony received  Business income or (loss). Attach Schedule C or C-EZ	0 10	1,354,73
	13	Business income or (loss). Attach Schedule C or C-EZ Capital gain or (loss). Attach Schedule D if required if post	11	
		Capital gain or (loss). Attach Schedule D if required. If not required, check here	12	93,71
	14	5 T. (1000CS), Attach Frim 21/U/	13	-3,00
	15a	Reserved Reserved	14	-74,96
	16a	Reserved	15h	
	17	Rental real estate, royalties, partnerships, S. a	16b	
	18	Farm income or (loss). Attach Schedule F Unemployment compensation	17	-185,522
	19	Unemployment compensation Reserved	18	14,346
	20a	Reserved  Other income. List type and amount ► STATEMENT 8	19	
	21	Other income. List type and amount  STATEMENT 8	20b	
	22	Combine the amounts in the far right column to the column	21	368,893
djustments		THE CALL THE WAR THE PARTY OF T	11	
		on polices	22	1,568,197
Income	24	The state of the service of the serv		
		and ree-basis government officials Attach Form of oc		
	25	Treath savings account deduction. Attach Form 8880	1 1	
	-	The string expenses for members of the Armed Forces	1	
		Attach Form 3903		
	27	Deductible part of Self-employment tay Attach Calantin and	1 1	
		Contemployed SEP, SIMPLE, and qualified plans		
		och employed health insurance deduction		
		or early withdrawal of savings		
		amory paid b Recipient's SSN		
	32	HA deduction		
		The road interest deduction		
		Add lines 23 through 35 duction Act Notice, see your tax return instructions.		35,339.

	JAY ROBERT & MARY KATHRYN PRITZKER  1 Wages, salaries, tips, etc. Attach Form(s) W-2		
Attach Form(s)	2a Tax-exempt interact		Pag
W-2. Also attach		1	
Form(s) W-2G and 1099-R if tax was		2b	2,003,106
withheld.	5a Social sequification of the sequence of the	3b	2,491,516
	6 Total income. Add lines 1 through 5. Add any amount 6 b Taxable amount	4b	1-1-1
	Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 1,568,197  Adjusted gross income. If you have no adjustments to income.	5b	
Standard Deduction for -	Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise,	• 6	6,062,819
Single or married	subtract Schedule 1, line 36, from line 6  Standard deduction or itemized deductions (from Schedule A)		7013
filing separately, \$12,000	Standard deduction or itemized deductions (from Schedule A)	7	6,027,480
Married filing	Qualify Disiness income deduct	8	476,766
Jointly of	Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	9	131
widow(er),	d ldX inst) 882 922 (check if	10	5,550,583
\$24,000 Head of			9/330,383
household,	2 a Child tax credit/credit for other dependents	11	1 992 000
\$18,000	Subtract line 12 from line 11 if zero or less	12	1,882,822
If you checked any box under	Other taxes. Attach Schedule 4  Total tax. Add lines 13 and 14	13	53,382.
Standard 1	Total tax. Add lines 13 and 14	14	1,829,440.
see instructions.	Federal income tax withheld from Forms W-2 and 1099	15	219,742.
1	Refundable credits: a EIC (see inst.)	16	2,049,182.
	Add any amount from Schedule 5 4,516,305.	16	
18	Add lines 16 and 17 Those are		4
19	Add lines 16 and 17. These are your total payments  If line 18 is more than line 15, subtract line 15 from line 18. This is the arms.	17	4,516,305.
efund 20	If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid  Amount of line 19 you want refunded to you. If Form 8888 is attached	18	4,516,305.
et deposit?	Amount of line 19 you want refunded to you, If Form 8888 is attached, check here	19	2,467,123.
instructions		20a	
21	recount number		
ount You 22	Amount of line 19 you want applied to your 2019 estimated tax 21 2, 467, 123		
e 23	Amount you owe. Suptract line 18 from line 15 For details		
	Estimated tax penalty (see instructions)  Porm 1040 for instructions  23	22	
www.irs.gov/l	orm1040 for instructions and the latest information.		